



Form Cigar-1
Cigar and Smoking Tobacco Excise
Tax Return

2004
Massachusetts
Department of
Revenue

This return, together with payment in full, is due on or before the 20th day of the month following the close of the quarter.

Taxpayer name	Federal Identification number	For the quarter ending	
Street address	City/Town	State	Zip

Excise on Cigars and Smoking Tobacco

1	Amount paid to acquire cigars and smoking tobacco to be sold at retail	1	
2	Tax rate	2	.30
3	Tax. Multiply line 1 by line 2	3	
4	Credit for cigar excise previously paid on returned cigars and smoking tobacco	4	
5	Total tax due. Subtract line 4 from line 3	5	
6	Penalties	6	
7	Interest	7	
8	Total due	8	

Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained or upon schedules attached hereto are true and accurate in every particular.

Signature of authorized officer	Date	Phone number	
Preparer's signature	Social Security number	Date	<input type="checkbox"/> Check if self-employed Employer Identification number
Firm name (or yours, if self-employed) and address	City/Town	State	Zip

Mail to: Mass. Department of Revenue, PO Box 7004, Boston, MA 02204. Make check of money order payable to: Commonwealth of Massachusetts.